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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### EXOPHTHALMIC GOITRE.

By Dr. P. S. GREENAMYER,  
Of Smithville, Ohio.

The account of a case of exophthalmic goitre, which I recently treated, may, because of the rare occurrence of the disease, be of some interest to your readers. Protrusion of the eyeballs, enlargement of the thyroid gland, and functional or organic disease of the heart, are three elements forming a triad of events which characterize the disease known as exophthalmic goitre. By some it is called "Graves' disease," GRAVES, of Dublin, being the first to recognize it as an individual disease, in 1835. Other names are, "Basedow's disease," exophthalmic cachexia, and anæmic protrusion of the eyeballs. In the narration of the case of Miss C. B., whom I was called to see on the 22d of Feb., 1871, I will relate the symptoms in the order of their prominence in the configuration of the case as they occurred to me. Patient is of the sanguine-bilious, encephalic temperament, with the encephalic above average; form tall, and rather slender; æt. 28. The first symptom in the order of prominence is the protrusion of the eyeballs, which are so prominent that the lids can scarcely close over them, producing a wild and staring look, much resembling mania; the sight is unaffected. The second is hypertrophy of the thyroid gland, the right side being the largest, which seems to pulsate similar to an aneurism. The third is the abnormal action of the heart; a heaving of the whole chest is observed at each impulse of this organ, at times giving motion to the bed and clothing. Percussion shows an unusual degree of dullness in the precordial region; the apex-beat is in the sixth intercostal space, about one and a half

inches without the linea mammalis, indicative of considerable hypertrophy. Auscultation shows two systolic murmurs; a mitral regurgitant murmur, and an aortic direct murmur, a venous hum is heard in the neck; pulse, 136; dyspnoea, anæmia, jaundice, and extreme nervousness, are very prominently observed.

In connection with the above symptoms, and as secondary to the primary disease, there is œdema of the lower limbs, which are also covered with a troublesome rash; the lungs are partially congested, causing severe spells of coughing, and expectorates frothy mucus; the liver is small, presenting signs of atrophy; is much emaciated; has poor appetite, and diarrhoea, with frequent spells of vomiting.

Thus, with the above primary and adjunctive elements, the case progressed, fluctuating at times from one symptomatic predominant to another; and as one would naturally suppose, continued down the way of debility unto death, which occurred on the 12th of March. A *post-mortem* was held on the same day, with Drs. E. GREENAMYER and J. F. PERKY assisting, which resulted as follows: Left side of heart hypertrophied; mitral and aortic valves thickened, containing cartilaginous excrescences; lungs very much congested, with right portion of left lung, and left portion of right lung in front, hepatized; recognized by Dr. Perky as being a fair specimen of gray hepatization; mucous surface of stomach shows patches of inflammation, which are somewhat thickened; liver, considerably atrophied; further abnormal conditions were not noticed.

The following is a summary of the history, and a few of the most essential observations made in the case: Hypertrophy of the thyroid gland commenced when about fifteen years

old; soon after this, palpitation and dyspnoea were first noticed, supposed to be caused by a fright and over-exertion; protrusion of the eyeballs were first noticed about ten months ago; has never had rheumatism or pain in the chest; menstruation has gradually and finally ceased a few months since; patient's mother died of the same disease; Dr. E. Greenamyer, my present partner, having been her physician, states that the mother and daughter were in nearly every respect analogous cases. Five sisters to our patient have ordinary bronchocele, the youngest being born with it. Two uncles on the father's side died with heart disease.

Heart and congestive diseases are common on the father's side, and phthisis pulmonalis, and scrofulous diseases on the mother's side.

Three years ago I examined patient, and noticed nothing unusual to ordinary bronchocele, it then being hard or cartilaginous. An observation in respect to the structure of the enlargement before her death took place seems in the greater part to favor vascular distention, both venous and arterial; large doses of aconite and digitalis, sufficient to control the heart, and bring the pulsations down to 85 per minute, reduced the enlargement quite apparently; to suspend the medicine, the veins and arteries soon became tense, causing a general distension; thus, in part, if not entire, the enlargement was due to distension. A tonic of quinine, iron, strychnine, and phosphorus, with an alterative of the extract of dandelion, extract of May-apple, and syrup of rhei, and digitalis with aconite, as above, continued for eighteen days, caused a general decrease of the gland until it was near to its normal size.

From the history of this case we might conclude that bronchocele, and exophthalmic goitre, are synonymous diseases, differing in form, only as they represent different stages of a disease; if not so, the former resolved into the latter, or the latter supplanted the former.

—The Minister of Agriculture has peremptorily forbidden the holding fairs and cattle markets in France, in consequence of the extent to which cattle plague prevails.

—There is no nation where madness is so rare as in Turkey, where the people of all others think the least. In France, Germany, and England—countries more distinguished for intellectual activity—the number of suicides is greater than in any other countries.

## HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of DR. J. E. GARRETTSON, Lecturer on Surgery and Diseases of the Mouth.

April 15, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

### Melanoid Nævus.

M. G., æt. 45 years. Directly in the centre of the left cheek of the woman before you will be noticed this blue-black growth. It is, as you see, oblong in shape; shining and glistening in aspect, and isolated by an exact line of demarcation from the surrounding parts. In length it measures just one and a half inches; in prominence, half an inch.

What is it? We call it a melanoid nævus, that is, the growth is an ordinary nævus, with the addition of a great excess of pigmentary matter; if it were not black it would show itself as one of the species of nevi we have so frequently had the opportunity of examining together, and every one of you would instantly recognize it. It is then only the red face painted black.

What is pigment? The word is from *pingere*, to paint; it is coloring matter—paint—a something used to color, and is found in varying proportions throughout the different races of man, being in excess in the African. The white race has least—the Mongolian and Indian stand intermediate.

The nature of pigment varies, at least, as its character is associated with its seat of deposit; and we find it in a number of places in the human body, as a normal constituent of the tissues. In the internal layer of the choroid coat of the eye, for instance, we have a dense deposit of these black pigment cells, forming a dark background to the sensitive retina. This *membrana pigmenti* is composed of several laminae of hexagonal cells, which appear of a sooty, brown color, when seen singly under the microscope, the centre being pellucid, and the pigment granules variously scattered through the cell. It is only in collected numbers that they show the true black color. This layer in animals is of considerable depth, and being of metallic brilliancy, is called the *tapetum*, and gives that well-known fiery appearance to the eyes of cats, tigers, etc., in the night.

In the iris, also, we find pigment of various colors, while again in the posterior layer are found those purple cells which, from their resemblance in color to a ripe grape, have given it the name of *uvea*.

The coloring matter of the hair is another instance, but enough is this mention to show that pigment is a normal, healthy constituent of tissues, and we will now see where we find it pathologically.

Pigmental degeneration is not uncommon, and may be well instanced by the gradually accumulating black pigment, spotting and streaking the lungs; by the bronzing of the skin in the complaint known as Addison's disease, and supposed to have some connection with the supra-renal capsules, although a case is reported in the *Medical Press and Circular*, for March 8, 1871, in which no lesion was found in these bodies; by the ash colored spots sometimes found in the mucous membrane of the stomach or intestines of old people; by the black spotting or deposition of these granules in the walls of the arteries, or even in the tubes themselves, of some animals, which seems to be allied to fatty degeneration in our own arteries, and finally even by the frequent granules deposited in the arteries of our own brains in some instances of disease, as recorded by VIRCHOW's *Archiv.*, 1859, vol. xvi, p. 364.

A still more morbid condition is seen in pigmental degeneration of mucous corpuscles in the gray, smoke-colored mucus expectorated at the close of bronchitis, the peculiar color which has usually been ascribed to carbon, being really due to an abundance of pigment granules in the cells, which closely resemble those already spoken of as giving the streaked appearance to the lung. Inhaled carbon may be present in such mucus, but the color is not entirely at least dependent upon it, since nitric acid or chlorine will cause it to entirely disappear. In fibrinous lymph corpuscles again, we have another evidence of this same degeneration seen in the various shades of black and gray which pervade the lymph of peritonitis, which shades are produced, not as formerly supposed, by staining from intestinal gases, but by the incorporation of free pigment granules. [Rokitansky. DEF. W.]

Pigmental adhesions are also spoken of by PAGET, in which black spots appear like the pigment marks of the lungs and bronchial glands.

Pigment granules of all kinds greatly resemble each other and are usually spherical in form. They are sometimes scattered either sparsely or thickly throughout the cells, being also often found in free liquid; but this may have been from an over-distension and rupture of the cell allowing their escape.

Having thus seen that coloring matter is found both normally, and as a product of degeneration, let us see if it progresses still further to give rise to what we call melanosis.

Now for some reason, not clearly understood, an excess of this coloring matter sometimes pathologically centralizes itself, as in the instance before us, and we have tumors of various grades of colors, according to the proportion of the contained pigmental matter.

Now, melanosis is so frequently seen in association with medullary cancer, that we have come, undoubtedly perhaps, to connect it with this, and the name

of "black cancer" has been given it, but melanosis is not cancer; it is simply, as we understand it, an anatomical perversion. The tumor before us is not cancerous; at least not cancerous because it is black instead of red; yet it has an unpleasant look, and as usual, causes much alarm to the patient and friends.

That moles and melanoid naevi do tend, or at least are liable to degenerate into cancers, is undoubtedly true; but in their early stages their structure is simply that of natural skin and epidermis only altered by the deposition of a little coloring matter. This mole upon the lady's face was simply a disfigurement, until recently, when it has commenced to grow, and when this stage of activity is reached, it is time for us to interpose with surgical aid, just as we would when a wart takes on epithelial degeneration.

As I have said, the cause of the commencement of this active stage is undetermined, yet when the constitutional cancerous element is established, then these spots seem to be the least able to resist the disease, and degeneration begins, accompanied soon by increase in size, and perhaps by twinges of pain.

Such a stage of activity may never occur, and many such naevi or moles are carried quietly to the grave of persons advanced in years; yet, even at a late day rapid development of the disease may and has occurred. At first such commencing cancer can but be seated in the skin and subcutaneous-connective tissue, differing only from medullary cancer in such region by the presence of a little pigment; and this is the time for removal.

Their usual primary occurrence, near the seats of natural pigments, shows a tendency to conformity with the character of the adjacent natural tissues. True melanosis cannot be regarded otherwise than as pigmental degeneration of medullary cancer, the granules to which the color is due filling the cells about the nucleus, and finally, perhaps, changing it into a granule mass, thus forming a parallel in character of action to that undergone in the process of fatty degeneration.

With the knowledge now that these dark growths are not without danger after the commencement of this period of activity, we have no hesitation in advising this woman to have it extirpated at once.

As to the manner of removing these naevi, I have often given you my views, (vide *REPORTER* Oct. 15th, 1870), and need not dwell further upon them at the present time. In this case hot needles, galvanism, etc., etc., are not applicable, and would also be useless. The knife is needed, and free excision performed, or else a complete circumscribing of the base with the knife, and then a strong ligature thrown around the remaining portion, thus strangulating it completely. This is, you know, my favorite method for naevi, yet there are

many cases where the knife is preferable. The one before us is so movable that the ligature can separate everything to the depth of all diseased structure, by simply passing long pins through a little below the base, before tightening the knot, and thus pressing the silk far down into the tissues. These pins are removed after the tightening of the ligature.

When the slough separates I often apply chloride of zinc to the base, thus ensuring a double safety, and giving good, healthy granulations.

The dressing may be simply dry lint, or lead water and laudanum, if inflammatory symptoms present themselves.

[The skin was then incised and a strong ligature thrown about the tumor. Separation occurred on the 6th day, and the wound healed well.—DEF. W.]

#### Epithelioma.

Here is a man who has an unhealthy ulcer upon his brow, which was removed some years since, but has recently returned and gives him considerable uneasiness, and occasionally a little pain. The edges are jagged and the bottom foul, while around it the parts are quite solidly indurated. Its return shows either that all the diseased structure was not removed, or that there is in this case a tendency to reproduction of the disease, perhaps the commencement of carcinomatous degeneration. The growth is evidently epithelial, but as you know, even an epithelial cancer has at first but a local signification, the constitutional condition being but secondarily produced. The induration about this ulcer is not yet sufficiently diffuse to indicate any serious change in its character, yet it is the best and safest advice to favor its removal, before any further damage has been inflicted upon his general system.

If this is cancer, it is certainly but feeble in degree, and is so often cured that we can almost assure our patients of a non-reproduction of this difficulty. Some have tried to banish it from carcinoma altogether, and place it among chronic inflammations as *ulcus rodens* (HUTCHINSON), or a form of lupus; but the possibility of its change to proliferating cancer of the skin, as well as the various combinations of this neoplasia with distinctly marked cancer in some points of the infiltrated edges, would seem to place this upon the border, as it were, among the mildest and feeblest of them all.

This man's tumor can be thoroughly removed, I believe, and never give him further inconvenience. We shall, therefore, slough it away by the ligature, taking, as is our rule, the precaution of guarding against erysipelas, by first cutting through the layer of skin around its base, which is here an inch and a half in circumference.

[Base incised and ligature thrown around it in two portions, being guided by pins, as in the preceding case. Chloride of zinc was also applied around the base so that every portion might be en-

tirely destroyed. The only dressings used were alum-water cloths. The next morning the obstruction of circulation in the lid had caused considerable oedema, but this was only transient and gave no pain.—DEF. W.]

#### JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. GROSS.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

April 21st, 1871.

#### Scirrhus.

I present a group or class of patients this morning, all suffering from the same affection—scirrhus, or a morbid product denser and firmer than the natural tissues, if we except cartilage, tendon and bone.

Scirrhus occurs frequently; as a rule after middle life. It is alike malignant and melancholy—interesting and intractable.

CASE I. This lady has passed middle life, being fifty-nine years of age. About a year ago, in alighting from a carriage, she fell and struck her right breast. Two months afterward, sharp, darting, stinging pains were felt in the gland. Simultaneously a small tumor was discovered that has gradually increased in size up to the present, and now we find the whole substance of the gland implicated. Four months since the superimposed skin became discolored and now presents a purplish-red, mottled appearance. The discoloration is well defined. The nipple is retracted and surrounded by a groove or gutter. The breast is hot, but movable, the tumor as yet having contracted slight or no adhesions. The tumor feels hard, smooth and brawny. The lymphatic ganglia of the axilla are enlarged and indurated. As an exception there is no enlargement of the subcutaneous veins of the breast.

Such, in brief, are the signs and symptoms as presented. Now this is not a favorable case for an operation. This woman is flabby, and belongs to a class where pyemia or erysipelas would almost surely follow the use of the knife. Again, on account of great involvement of the breast, it would be impossible to secure skin enough to cover the wound, and the patient would not survive the slow process of granulation. Finally, there is excessive glandular involvement. All that we can do here is to palliate and soften. We will give this woman quinine, iron, brandy and nutritious food. When ulceration sets in we must keep the parts clean and free from fetor. Pain must be allayed by the free use of anodynes. We will keep this patient's arm supported in a sling, and pay attention to her secretions.

In these and similar cases the contraindications to surgical interference are:

1. When the disease is congenital or arises soon after birth.

2. When the mammary gland is diseased.  
3. When the tumor is large or marked.  
4. When the tumor is situated in the axilla, inguinal region, or at the junction of the arm and trunk, as in the case of the local irritation.  
5. A general constitutional disease, such as local irritation.  
6. Latent or final internal disease, such as priety of

Mrs. A. extraordi over two of the r produce urinary change this pati the ver which e gina and there is no cont the jani more th have es and int sioned. and her This epitheli parts of volved. and is After pelvic v ment is the par ganate With th jectio injectio given t tense p Thus, hope to ful her

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2. When it exists in several parts of the body, as the mamma and uterus.

3. When there is extensive glandular involvement or marked evidence of carcinomatous cachexy.

4. When the disease is rapidly advancing, leaping suddenly into surrounding tissues, and constituting, as it were, an acute form of malignant action.

5. A quickened state of the pulse, arising from local irritation, augurs unfavorably.

7. Latent cancer should not be tampered with; and finally, where serious disease of an important internal organ coexists with cancer, the impropriety of an operation is obvious.

#### Scirrhus of the Rectum.

Mrs. A. E., æt. 50. In this patient we have an extraordinary and truly melancholy case. For over two years she has been afflicted with scirrhus of the rectum, which has progressed until it has produced fistulous openings into the vagina and urinary bladder. There is, of course, an interchange of the contents, rendering the condition of this patient most unhappy. On the right side of the verge of the anus is a hard, gristly tumor, which extends by a ridge forward toward the vagina and back toward the coccyx. On the left side there is hardness, but no ridge or tumor. She has no control over the bladder. The sphincter ani, the janitor of the lower bowels, is destroyed, and for more than a year past the contents of the bowels have escaped *ad libitum*. The tumor is ulcerated and intensely painful. Her whole system is poisoned. She suffers constantly, is thin and weak, and her life is intolerable.

This variety of cancer is called by the books epithelial; but it is the same as scirrhus in other parts of the body, modified only by the parts involved. This is scirrhus to all intents and purposes, and is wrongly called epithelial.

After a time this disease will involve the entire pelvic viscera; and hence in this case our only treatment is that of a palliative nature. Cleanliness of the parts with deodorizing injections, as permanganate of potash, or chlorinated soda, is called for. With these, to mitigate the pain, may be given injections of laudanum, or opium suppositories. If injections cannot be retained, then opiates may be given by the mouth. We must alleviate this intense pain at all hazards. Tonics will also be given. Thus, by a supporting and palliative treatment, we hope to prolong her life, or at least render less painful her passage to the grave.

#### Returning Scirrhus of the Breast.

This lady, æt. 48 years, was here in September last, with a carcinomatous tumor of the right mammary gland. It was extirpated on the 28th of that month. The incision extended to the axilla, and between forty and fifty enlarged lymphatics were

removed. The disease has returned and now presents as a large, soft tumor, on the edge of the pectoralis muscle, extending from thence far up into the axilla. The neighboring lymphatics are enlarged, and the lymphatics of the neck are affected. Scirrhus at first—it now appears as encephaloid. The general health of the patient is not good. Her complexion is sallow, and her system is evidently affected by the disease. No second operation can be ventured on in this case. We can only palliate symptoms and wait for the worst.

This lady, Miss H., was also operated upon by me for cancer of the breast last September. Three months ago the disease returned, making its appearance a little higher up than its original site. Scirrhus occurs in the breast much more frequently than any other form of cancer. In this case it first appeared as a circumscribed tumor of small size, hard and modulated, which slowly but gradually increased.

If allowed to grow on unmolested, the scirrhus tumor enlarges, involves the skin and lymphatics, and ultimately the whole system. There is no cure for such a condition. Constitutional remedies are useless, and extirpation by the surgeon's knife only promises temporary relief. When you do decide upon an operation, remove the entire gland. Leave not a vestige behind! Yet, even when this is done, the patient is not cured, but the disease generally returns in from four to six months after the operation. Scirrhus, after being removed, as seen in the case previous to this, is often followed by encephaloid.

This is a case favorable for a secondary operation:

[The incision was made directly below the cicatrix of the former incision; but was extended further toward the axilla. The disease had involved a considerable portion of the pectoralis major muscle, which portion was removed. An enlarged lymphatic ganglia, extending nearly to the clavicle, was discovered and carefully removed. All diseased parts having been carefully dissected away, the parts were brought together by sutures and adhesive strips. Rest was enjoined upon the patient, with *absolute rest* of the right arm.—R. M. T.]

Finally, to brighten up the dark pictures I have been showing you, let me bring before you what seems to be a perfect cure of scirrhus. Over two years ago I removed the entire left mammary gland from this patient. Two years prior to the operation she noticed a tumor in the breast which proved to be genuine scirrhus.

This disease, you know from what I have told you, has a great tendency to return after excision. Two years, however, in this case have elapsed, and no signs of recurrence have as yet appeared. Her general health is good; the lymphatic glands show no signs of involvement; the cicatrix is soft and pliable, and everything seems to indicate a perfect

release from this terrible malady. Let us only hope this may be so, for the well-known tendency of the disease to return forbids us ever pronouncing a patient safe.

[Prof. Gross records in his surgery a woman who convalesced from encephaloid after the twenty-second operation. The number of tumors removed from first to last being fifty-one, varying in size from a small almond to a pullet's egg. The records of surgery may be challenged for a parallel case of this disease.—R. M. T.]

### SURGICAL CLINIC AT LONG ISLAND COLLEGE HOSPITAL.

By Prof. ALPHEUS B. CROSBY.

[REPORTED BY EDWARD S. BUNKER, M. D.]

#### Nasal Polypus.

Here is a man with some stoppage of the left nostril. When I close the right nostril with my thumb and tell him to blow through the other, you observe by the fine sibilant *râle*, so to speak, that he can scarcely force any air at all through the passage.

Now, as I turn him to the light and hold his head back, you all see what looks like an oyster lodged in the fossa. That is a nasal polypus. The true nasal polypus, of which you have here a fair example, is always gelatinoid. You will read in your books of fibrous, granular and vascular polypi, but please remember that the *true* polypus is gelatinoid, like the one before you, consisting almost entirely of a jelly-like pulp lodged in a delicate stroma of fibrous tissue. These are apt to be more or less pear-shaped, with a distinct pedicle, by which they are usually attached to one of the turbinated bones; never to any part of the septum naris.

They are remarkable for a hygrometric quality. In a dry atmosphere they will often shrink away so as to cause hardly any inconvenience, while in the course of a day or two of damp weather they will absorb moisture enough to render them plump and tense.

I remember seeing, a few years ago, a gentleman who had recently landed in New York, after several years' sojourn in a dry California atmosphere. The day after his arrival an easterly rain began, and in twenty-four hours he was surprised to find both his nostrils firmly occluded. I made an examination, and within a few weeks extracted eleven distinct polypi, which had never before given my patient any hint of their existence. After a short time the trouble returned—as is not uncommon in such cases—and the gentleman was finally obliged to quit this damp region and return to California.

Now there is but one treatment for these cases—forcible extraction by torsion.

You observe that I take a pair of long slender forceps, properly curved, with serrated and fenest-

rated jaws, and introduce them into the meatus, gently separating the blades. At the same time I direct the patient to blow through the nostril. This brings the polypus forward within reach; I seize it by its pedicle, twist or break it off; and here you see I have brought away the greater portion of the mass.

Returning the forceps, I seize the remaining portion, and twist it off in the same way, bringing away a fragment of the spongy bone, which is all the better; now, you observe, he blows freely through the nostril. The hemorrhage is sometimes pretty free, but easily controlled by injections of cold water. Generally, however, no styptic is required.

#### Epithelioma.

This woman, 60 years of age, had a wart on the back of her left hand, which two years ago began to trouble her. You now see an ulcer, of the size of a half dollar, with peculiar incurvated edges, as if some rodent animal had been gnawing away beneath them. Hence you would characterize this as a rodent ulcer. Notice, besides, the indurated, cedematous condition of the hand, the puffy swelling of the fingers, and the sallow, cachectic complexion of the patient. In January, her physician removed a mass of adventitious growth, but, as you see, it has redeveloped.

I suppose this to be an epithelioma, and, in my judgment, malignant. Cancerous growths, you know, are often classified as

1. Encephaloid, or soft cancers.
2. Scirrhus, or hard cancers.
3. Epithelial.
4. Colloid, disputed by some authors.

Now, the epithelioma may be regarded as a scirrhus affection of the epithelium or epidermis, which tends less rapidly to a fatal issue than some other forms of cancer. It is specially apt to develop at lines of junction of the skin and mucous membranes. Occurring on the lip, where it is known as "smoker's cancer," it is tolerably manageable, and may be removed with a fair ground of hope that it will not return.

Cancer is a malignant disease, tending almost inevitably to a fatal result. First, you have the formation of a primary deposit, which develops up to a certain point, then degenerates into various forms of ulceration. Sometimes the tumor bursts through its tegumentary covering, and everts into a mass, having the appearance of a cauliflower, and known as a fungus hematodes.

Then, after a while, secondary deposits occur in other parts of the body. These are to be looked for especially along the course of the adjacent lymphatics.

Now, what ground for hope does an operation hold out? Not much. You will remove a great many cancers. I have removed a great many, and

I have had some remarkable instances—"show" cases I admit—where the patients have lived a good many years and died without any return of the cancer. Nevertheless, you may rely upon it, that if your patient lives long enough after the operation he will surely die of cancer at last, the disease recurring in the cicatrix, in adjacent glands, or in some internal organ. The average duration of life, after operation, is a little over two years. Many, however, survive only a few weeks; and the majority of patients fall below the above average, which is kept at a rather delusive figure by the exceptional cases of long life after the removal of the diseased part.

You will use the knife then as a palliative measure, and with the hope that life may be prolonged. Be frank with the patient, or at least with the patient's friends. Say to them: "Removal offers the only chance of safety; but then it is a very poor chance. Yet patients do sometimes recover and die after many years of some other disease; possibly this may be one of the fortunate cases, &c." In the case before us I advise amputation above the wrist.

#### MEDICAL CLINIC.

April 3, 1871.

By PROF. SAMUEL G. ARMOR.

##### Idiopathic Anæmia.

I shall probably have many cases of anæmia to present you; it is an extensively diffused pathological condition, and for this reason demands our careful study. The patient before you, a young lady of 23, presents all the obvious signs of this general condition. She has paleness of the mucous membrane of the lips, tongue, and surface; is easily fatigued, complains of severe headache, shortness of breath, palpitation of the heart, and on examination I find distinct murmur, which accompanies the first sound of the heart. It is a widely diffused murmur, and is heard at the root of the neck as well as over the base of the heart. We have every reason to believe that it is an inorganic or anæmic murmur, resulting from the then watery blood, and not from valvular lesion. We learn from this patient that she has been anæmic for two years or more, during which time she has greatly suffered from the irritation, or rather perversion, of nervous function so peculiar to cases of anæmia. The case of this young lady differs, in some respects, from many that we have seen in these clinics. I ask you to call to mind the general fact, repeatedly stated, that anæmia is, in a large majority of cases, a *secondary* state or condition. I shall not occupy your time, at this hour, in enumerating the many local or general causes; they all concur, however, in either interfering with the reformation or renewal of the blood, or in operating directly on the blood itself.

On careful inquiry it is difficult to arrive at a satisfactory conclusion as to the causation of the anæmia in this case, and to cover our ignorance, we agree to call such cases "idiopathic anæmia." I can not ascertain from the patient that she has had any of the many complications of anæmia; either coincident or causative. She is regular in her menstruation, does not suffer from constipation and flatulency, so often present; her digestion is fair; the headache, palpitation of the heart, nervousness, and general weakness are the more marked phenomena.

Now what shall we do for this patient? Obviously, the great leading indication is to restore to the blood its two distinct physiological properties of *nutrition* and *stimulation*; and in the order of importance, let me first mention good, nourishing food, moderate out door exercise, and agreeable mental and moral surroundings. In addition to this, we shall give this patient the benefit of a good blood and nerve tonic. Thus we secure in the joint action of *iron* and *quinine*; and to this combination I will add minute doses of arsenious acid. Arsenic is a valuable addition to iron in almost all these cases of anæmia. It appears to quicken the assimilative process, promote healthy nutrition of nerve center, and is very marked in its influence over irritative actions generally. We will put the patient then on

R. Iron by hydrogen, 3℥ss.  
Quin. sulph., ʒj.  
Arsen. acid, gr. j. M.  
M. ft pil. No. 50.  
S.—One after each meal.

We will order her, in addition, a pill composed of one-half grain each of watery ext. of aloes and hyocyamus; one to be taken after dinner to keep up gentle eliminative action along the intestinal track.

In connection with this case I present a somewhat typical case of *chlorosis*. This case presents, also, all the prominent characteristic symptoms of anæmia. It has been named from the peculiar greenish palor of the face. The patient, a young girl of 18, is, as you see, plump and rotund in her general appearance indeed, the fat in the subcutaneous areolar tissue is in a state of exuberant development. This condition furnished a marked distinction between chlorosis and chronic anæmia. It is a disease of common occurrence in young females who menstruate early; i. e., before the development of the breast and pubes. But the menstruation is usually scanty, or sometimes entirely absent. There appears to be want of dynamic force, loss of ganglionic nerve power, which presides over the functions of organic life. Hence the absence of ovulation, the shortness of breath, the neuralgia, the signs of hysteria, the cardalgia, and other disorders of digestion. So prominent are the nervous symptoms that, by many pathologists,

the morbid condition of the sympathetic, or vaso-motor nerve, is regarded as not merely coincident but *causative* of chlorosis. It is supposed to originate in some peculiar loss of power of the ganglionic nervous system, which actuates the blood vessels and gives vitality to the blood. This patient, unlike the one just presented, suffers from deficient menstruation, constipation of the bowels, flatulency, and is also intensely nervous. Her principal complaint however, is headache, for that she came to be prescribed for. And just here there are often fatal mistakes made. Practitioners are sometimes tempted to cup and purge, and deplete, for the purpose of relieving supposed congestion of the brain. The general plumpness of the patient is calculated to mislead. A sound pathology, however, points to an opposite course of treatment. We will prescribe for the patient good, nourishing diet, shower bath to the spine, followed by warm frictions, out-door exercise, together with iron and nerve tonics. Iron is sometimes not borne so well as in cases of pure anaemia. However, judging by the general appearance of this patient, and by the 'heart murmurs,' we can scarcely err in giving her iron. I desire to give this patient, also, minute doses of arsenic with this iron: We will order her, therefore,

R. Arsen. acid,	grs. iv.
Acid hydrochlorici,	3iiss.
Mur. tinct. iron,	3ijss.
Aque ad.,	℥j.

Sig.—Teaspoonful after each meal.

We will order her, also, a dinner pill, composed of watery ext. aloes, 1 gr., sulph. iron, 2 grs., ext. nux vomica,  $\frac{1}{2}$  gr., one to be taken after dinner, or two a day, if necessary, to keep up gentle action on the bowels.

#### Chorea.

The next case I present you belongs to the class of neuroses, characterized by muscular movements. It is known by the term *chorea*, or *chorea sancti viti*, or *St. Vitus's dance*. It is a disease peculiar to early life. It generally occurs between 10 and 15 years of age. The little patient now before you is 12. You will notice at once the difficulty which this little girl has in harmonizing muscular motion. These comical and ludicrous grimaces, grotesque contortions of the spine and trunk, and fantastic gesticulation, I beg to assure you, on the part of my little patient, are entirely involuntary. The motion of the muscles are so unsymmetrical, that the term "insanity of the muscles," seems quite appropriate. You will observe, also, that she is anæmic; this condition often coexists; and endocardial murmurs are frequently detected. But they do not, of themselves, constitute evidence of endocarditis. The pathology of the disease is very obscure. We may safely assert, from the phenomena of the disease, that it is a purely *motor neurosis*; but, beyond this general statement, our knowledge is limited.

It has been conjectured that it consists essentially of anæmia of the cord; others regard it as rheumatic in character; while others consider it a disorder entirely functional or dynamic in character, and independent of organic change. Further observations are greatly needed to elucidate this obscure malady. In the meantime, we have to base our treatment on general indications. These are: (1) To remove all sources of irritation which may tend to aggravate the disease, such as constipation, worms, cerebral congestion, etc.; (2) To sustain, strengthen, invigorate, and thereby quiet the nervous system.

The first indication is met by the use of gentle purgation. This patient, like almost all others who suffer from this disease, is troubled with constipation. I shall order her, therefore, a pill composed of cisticifugin,  $\frac{1}{2}$  gr.; comp. ext. col.,  $\frac{1}{4}$  gr.; podophyllin, 1-10 gr. Take one of these morning and evening, if necessary. The second and main indication is to counteract the depressed nervous energy, and lessened general vitality. To accomplish this, we must resort to general tonic and restorative treatment, such as nourishing food, regular exercise in the open air, shower bath, with iron, arsenic, etc.

The whole class of nerve tonics and sedatives, have been tried and used with asserted success. In anæmic cases, I am partial to the use of iron and arsenic. We shall order for this patient 6 drop doses muriated tinct. iron, with 2 drops Fowler's sol. ars. In the meantime, we shall put the patient on a systematic course of hygiene, and under this general management we shall hope to hear a good account of the case.

#### COLLEGE OF PHYSICIANS AND SURGEONS.

##### DISEASES OF WOMEN.

April 14, 1871.

Service of DR. JAMES L. BROWN.

#### Cauliflower Exorescence of Cervix—Proposed Operation for Cure.

M. L., æt. 22; sterile 3½ years; married. Dr. BROWN brought the case—who is a private patient of his own—before the class to show the progress of epithelioma.

He first saw her a year ago, when the main trouble was sterility. On examination no uterine lesion was discovered beyond abrasion of the cervix.

In July, menses ceased, due, as was thought, to pregnancy; since that they have not reappeared. A week ago she was seen again, but complaining of no special trouble. By mere accident she was examined, when there was discovered a thickening of the lower parts of the cervix. The os much dilated, and from it presenting a cauliflower mass. In the centre of this was the proper canal of the cervix. The only symptom complained of was



slight pain in the back, but on close questioning the patient said that she noticed a scanty watery discharge.

Epithelioma, in the first stages, is not malignant. True cancer, whether scirrhous or medullary, is essentially malignant, and if removed, shows a tendency to return in other parts of the body.

Epithelioma gives rise to no pain worth considering, but there is with it usually hydrorrhœa. Cancer, on the other hand, causes severe lancinating pain. Epithelioma sprouts out, and in some cases the excrescence passes without the vulva. Cancer infiltrates the neck, but never sprouts.

Either epithelioma or cancer can be excluded by a normal cervix, as a rule, for the number of cases of cancer of the body of the organ on record are so rare that they need hardly be considered. Fortunately this case has been seen before; operation fails to relieve. There is yet a portion of the cervix not invaded.

It is proposed next Sunday to amputate by the *Galvano Caustique*. In either of the cutting operations the bleeding is profuse and difficult to control, but with the latter instrument the operation can be finished in ten minutes without hemorrhage, and so little pain is felt that an anæsthetic is not required.

Every few months a case comes to this clinique in which this operation has been performed, yet no signs of epithelioma have manifested themselves.

#### Movable Kidney.

M. H., æt., 35; physical examination of the patient reveals a tumor the size of a goose egg in the right side; this tumor may be slipped about from the crest of the ilium to the pubes, but when turned on the left side, tumor disappears.

The diagnosis rests mainly between an inverted gall bladder and a movable or floating kidney. From the position, the peculiar sensation that pressure on it gives rise to, together with its complete disappearance on changing, the inference is that it is the latter.

#### Mural Fibroid.

S. C., æt. 35; married; 12 years sterile. Has not menstruated for a year, but previously had menorrhagia with dysmenorrhœa. Vaginal examination shows the cervix long; the uterus enlarged to about the size of the fist, and moveable from perituterine cellulitis. The exudation has crippled the ovaries and in this manner prevented menstruation. Fortunately that it is so for the patient. If not, she would have continued with menorrhagia till the menopause. The cause of the uterine enlargement is a mural fibroid, and no treatment is indicated. Every month it will give her less trouble, until she ceases to be aware of its existence.

## MEDICAL SOCIETIES.

### CINCINNATI ACADEMY OF MEDICINE.

April 10, 1871.

[REPORTED BY J. W. HADLOCK, M. D.]

**Abscess of the left Kidney, from Renal Calculus, Occurring in the Practice of Dr. D. H. Jessup, with Death of Patient.**

The following is the report of the Section on Morbid Anatomy, to whom the specimen was referred—Dr. J. C. MACKENZIE, chairman.

The right kidney measured seven inches in length, by four inches in breadth. The capsule was thickened, opaque and abnormally adherent. The surface of the kidney beneath was smooth and paler than normal—its color upon section; there was found in the corticle substance several cavities containing a reddish, buff-colored gelatinous fluid. One of these cavities was one inch in diameter; the others were smaller. These cavities were lined by smooth, tolerably fine membrane, and were quite insulated from each other and from the pelvis and cavities opening into it. In certain parts of both cervical and medullary structures there was reddish-yellow, tolerably consistent deposits, some of which were surrounded with extravasated blood. Elsewhere the kidney substance was very flaccid, and but few of the pyramids could be distinguished. It seemed from the odor and from the pressure of minute bubbles of gas in the tip that the specimen had undergone to a certain extent decomposition. The pelvis was very much dilated, and from it there were openings, two of them an inch in diameter, into cavities of greater or less depth in the substance of the kidney. Mucous membrane of pelvis, pale and thickened, ureter, where inflated, one-half inch in diameter.

The left kidney measured six inches in length by three in breadth; the capsule was thickened, somewhat opaque and adherent; substance beneath smooth, and paler than normal; in consistence it was quite flaccid, but seemed to be in a state of much better preservation than the other organ. Upon section, the cortical substance was of a pale fawn-color; the medullary of a dark-red. The distinction between the pyramids and the cortex was very well marked, because of the injection of the vessels passing round the bases of the pyramids. The thickness of the cortical substance between the bases of the pyramids and the capsule was one-third of an inch; the pelvis and ureter were normal as to size; the vessels of the mucous membrane of the pelvis were injected.

#### Microscopical Examination.

That part of the right kidney seemingly least affected was found, under the microscope, very much altered from a state of health. The tubes could with difficulty be distinguished, being observed by the presence of granular matter. The gelatinous

fluid contained in the cavities in the corticle substance consisted entirely of granular debris and oil globules. The more solid deposits were composed of oil globules, granular matter and fibrous tissue.

A thin section of the left kidney presented nothing abnormal, except some oil globules in the epithelial cells.

The right kidney presented a most excellent specimen of pyonephrosis, and its cause is that which is most frequently found as the origin of that condition, viz.: the presence of a calculus in some portion of the urinary tract.

The other causes mentioned by writers are, obstructions to the flow of urine through the ureter by the pressure of a gravid uterus, ovarian cyst, or some other tumor, inflammation of the bladder and extension upward of that inflammation, or the interruption to the passage of the urine by swelling of the mucous membrane, closing the orifices of the uterus, or gonorrhoeal or other stricture of the urethra, or inflammation attacking the mucous membrane of the pelvis of the kidney, affected by hydronephrosis. A most interesting condition in this kidney, and one very difficult of explanation, was the presence of fluid and solid deposits in the substance of the organ quite unconnected with the cavities opening into the pelvis, and consequently not due to the extension of inflammation thence. Their appearance under the microscope rather tended to the supposition that they were the result of carious degeneration, oil globules being the most abundant, morphological elements present in both the solid and fluid deposits.

Another point of great interest in connection with these specimens was the enlargement of the left kidney. It was at least 50 per cent. larger than a normal kidney. Its capsule was adherent and thickened, a condition often found in the granular kidney. But this kidney was enlarged; its section was perfectly smooth; it was rather softer than normal, and under the microscope there was no appearance of increase of the fibrous structure. In fact, it presented all the characteristics of a normal kidney, with the exception of its size, and the thickened condition of the capsules. Its enlargement is in all probability a compensatory hypertrophy, such as is sometimes found where the other organ has been incapacitated by disease for the performance of its function, as in hydronephrosis, pyonephrosis, cancer, etc.

In Bright's treatise on abdominal tumors, page 224, the description of the *post-mortem* appearance in a case of pyonephrosis is given. The left kidney was converted into a membranous cyst containing discolored watery pus. "The right kidney was larger than usual, but did not seem to be diseased. Its hypertrophy was probably the effect of the suspension of the function of the left." On page 237,

in commenting on the cases of cystic kidney previously mentioned, he says: "And it is not unusual to find that the healthy kidney has been considerably enlarged, from the fact of its having been called upon for more than its accustomed labor, affording a beautiful illustration of the importance of a double organ and the compensatory power in which nature, within certain limits, occasionally exerts."

ROKITANSKY, in his *Pathological Anatomy*, 2d vol., page 146, states that there may be hypertrophy "occasionally in one kidney after its fellow has been deprived of its functions."

PAGET, in his *Surgical Pathology*, page 40, wrote this: "When one kidney is destroyed the other often becomes much larger, does double, as it is said."

BENNETT, in his *Clinical Medicine*, pp. 706, 707, reports a case of calculus nephritis and gangrenous abscess in right kidney. The abscess would have contained a pint of fluid and the substance of the kidney was quite atrophied. Left kidney enlarged, weighing 13½ oz. Healthy on microscopic examination.

ROBERTS, in his treatise on kidney diseases, p. 410, quotes from the *Wiener Medical Halle*, 1864, p. 139, a case of Prof. DUMBUCHEN, of hydronephrosis of the right kidney, in which the left kidney was enlarged, but healthy. In some remarks relative to this subject, on p. 416, he states that the kidney not affected performs a double duty and becomes correspondingly enlarged.

Prof. FLINT, in the volume of his *Physiology*, relating to secretion, nutrition, and movement, page 170, states as the result of his experiments that he never found, after the removal of one kidney, hypertrophy of the other. In one dog, upon which nephrotomy was performed, the remaining kidney one year and nine months afterward, weighed the same as the one which had been removed. His opinion is that nature has provided more than enough working force for animals in health, and that where the function of one kidney is destroyed by disease this excess in the other prevents any ill effects.

He mentions, however, in a foot note, that ZELASKY found, a month after the extrication of one kidney, enlargement of the other, but objects that it does not appear that the kidneys were compared. But it seems hardly likely that such an able experimentist as Zelasky would make such a statement without some basis for it.

The last authority to whom I shall refer is ROSENSTEIN. He states in his treatise on the *Pathology and Treatment of Diseases of the Kidney*: Page 471, Berlin, 1870, that he has very frequently seen hypertrophy of one kidney result from extirpation of the other, and mentions one experiment in which the kidney of a rabbit when removed

weighed six grammes. Six weeks afterward the other was extirpated, and found to weigh nine grammes. He states, also, that often he has found hypertrophy of one kidney caused by disease of the other interfering with its functions.

Among all the authorities whom I have had access to, and who refer at all to this subject, only one, Flint, denies the occurrence of compensatory hypertrophy of the kidney.

Opposed to him are all the pathologists I have mentioned, as well as the two experimentalists, Zelasky and Rosenstein. It would, therefore, but be proper to admit that compensatory hypertrophy may take place, and in the left kidney referred to the Section, we think, there is a most excellent example. As to whether the hypertrophy depends upon increase in the size of each individual element, or upon growth of new secretory structure is not very certain. None of the authors alluded to this point. In this kidney there seems to be no increase of size in the elements of the organ. Consequently, to account for the augmented volume, new growth would be necessary; however, to settle the point definitely, a much more thorough examination would be necessary than we have been able to give it.

#### BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

##### Portussis.

DR. CURREY—In the outset the question may be asked, what is whooping cough? Some say it is a bronchitis, but this opinion is not supported by the *post-mortem* appearances. Besides, sometimes the catarrhal symptoms are absent, and the congestion of the mucous membrane is thus proved to be the effect and not the cause of the disease. In some cases we have all the symptoms of bronchitis; in others only those of simple catarrh, and between these two we may have the symptoms more or less intermingled. Others say it is an inflammation of the pneumogastric nerve. Out of eighteen cases examined by Dr. WEST, only one showed alteration of this nerve; and of forty-seven reported by other observers, it was healthy in forty-three, so that in sixty-five, only five showed alteration of the nerve, and in four of these it was attributed to hypostatic congestion. CONDIE says it is a spasmodic affection of the air passages produced by cerebral irritation. NIEMEYER says it is hyperesthesia of the air passages. Some say it is due to germs absorbed from the air, and recommend that the air be examined. Dr. SAY thinks it may depend upon pressure on the pneumogastric or recurrent nerve by enlarged glands, such enlargement being produced by catarrhal inflammation.

The symptoms of this disease are so well known

to every physician that it is not necessary to describe them.

*Treatment.*—We know of no abortive remedy. In the first stage, we treat as we would an ordinary catarrh. In the second stage, many remedies have been used; and the nerves and nauseants have been especially praised. Dr. EBEN WATSON speaks very highly of a solution of nitrate of silver applied to the larynx. TURNBULL says nothing acts so promptly as belladonna. Dr. ATLEE, of Lancaster, says hydrocyanic acid is very useful, and usually cures in from four to fourteen days. I have seen as much good from this combined with iron as from any other medicine. Inhalations of chloroform and of carbolic acid have been used with supposed advantage. The latter will cut short the spasm. ARNOLDI extols the virtues of nitric acid, diluted to the strength of lemonade, and claims that it cures in three weeks. MCKELLY says it is almost specific in its effects. Hydrate of chloral has been used, but I do not find it stated that it will shorten the attack. We may use good food, out door exercise, tonics, and chloral, bromide of potassium or hydrocyanic acid to moderate the spasmodic symptoms. The natural tendency of uncomplicated cases is to recovery.

Dr. UHLER.—I would like to know whether the members have found it a very dangerous malady in young children, from two weeks to one month old. In most of these cases which I have seen it ran a very short course, and I have not seen a death from it.

Dr. JONES.—The tendency of bad cases is not to health. The sequela are numerous and dangerous, and depend upon the diathesis of the patient. I think it starts as a nervous disease—the pneumogastric being the nerve affected—and afterward the digestive organs become involved. I have used with beneficial effect a mixture containing bromide of potass, *fd. ext. sumbul* and *syr. wild ginger*; and a plaster of *assafoetida*, *belladonna*, and sometimes *camphor*. I think I have seen the disease cut short by these means; of course I use tonics when indicated.

Dr. TANEYHILL. I have used

R. *Syr. ferri iod.*,  $f. \frac{3}{4}$  iss.  
*Syr. pruni virgin.*,  $f. \frac{3}{4}$  iss.

Dose.—From one-half to one teaspoonful every third hour to a child fifteen months old. The cases last from two to four weeks.

Dr. ARNOLD. I am more and more impressed with the little reliability of the *therapeutic* remedies in this disease. We have so many medicines presented for our acceptance; some based upon certain pathological theories; some upon no theory at all, and others upon a delusion. In my own family this disease prevailed; I did nothing for it and it got well in six weeks. If I had used medicines I would.

have thought that I had cured it. We know nothing of its cause; there is great diversity in regard to its pathology, and no unanimity of treatment. Many popular remedies are in use, but in bad cases no remedy seems to be of any great benefit. The sequelæ are very fatal and not very rare. The blood is so impoverished that the patient becomes very liable to fatal complications.

**Dr. REYNOLDS**—In a case I used ext. belladonna, gr.  $\frac{1}{4}$  daily; the symptoms lasted seven days. Tried it in seven other cases, but none were relieved in less than two weeks. In another case which had existed five days, I used chloral hydrate which relieved in three days. In further use of this remedy it has not proved so beneficial; it controls the paroxysm, but does not cut short the disease.

**Dr. FRIEDENWALD**—Authors speak of curing their cases in two weeks, yet physicians generally acknowledge that we have but little control over the disease. The question may be asked, are these cases, which are so promptly cured, cases of whooping cough. The first stage lasts from one to two weeks. It is impossible to make a positive diagnosis during this stage. If we use remedies from the onset we may often flatter ourselves that we have cut short a case of whooping cough; but if we wait we find that it is only simple catarrh.

**Dr. CURRY**—It is difficult for the general practitioner to come to any conclusions in regard to the efficacy of treatment. It is only in children's hospitals, where the cases can be observed from the onset, that remedies can be tested. The syrup of wild ginger was a very popular remedy in this city, and almost all druggists kept a mixture on hand, composed of cochineal, carb. potass. and syrup of

wild ginger; but it has little reputation now. Leaving out the complications, the disease tends to recovery, and I do not think we are justified in considering the complications as essential parts of whooping cough.

#### OHIO SOCIETIES.

The Academy of Medicine of Meigs and Mason counties convened at Pomeroy, Ohio, April 6th, at 7 p. m., Dr. Whaley in the chair.

This being the first night of regular election, the following officers were elected to serve for the ensuing six months, viz.:

President—A. L. KNIGHT.

Vice President—D. C. WHALEY.

Recording Secretary—T. CURTIS SMITH.

Corresponding Secretary—J. Q. A. HUDSON.

Censors—DRS. GEO. ACKLEY, C. R. REED and H. C. WATERMAN.

The discussion of Pneumonia, which had continued through several preceding meetings, closed this evening. Subject appointed for next meeting—Spinal Meningitis—T. Curtis Smith, essayist. Dr. J. Train, of Pomeroy, reported an interesting case of puerperal convulsions, with treatment, in which craniotomy was performed by him, he deeming the operation necessary to effect delivery and save the mother: a primipara case. The case and treatment of the disease were discussed at considerable length.

Moved to adjourn to meet at Middleport, Ohio, April 13th, at 7 p. m.

D. C. WHALEY, Vice Pres't.

T. CURTIS SMITH, Sec'y.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Chloralum—(Chloride of Aluminum.)

This salt, says *The Druggist's Circular*, is new in therapeutics, although it has been long known in the laboratory and by the aluminum manufacturer; but the anhydrous chloride has never served for medical or sanitary purposes, and it occurred to Prof. GAMGEE last year to have a hydrated chloride of aluminum manufactured and sold for its active antiseptic, deodorizing and disinfecting properties. A long name being objectionable for trade purposes, he called the new salt "Chloralum;" and notwithstanding the manufacture is recent, a thirty per cent. solution is being daily produced in England by the thousand gallons, and a thirty per cent. odorless disinfecting powder at the rate of four tons

per diem. The first samples were sold in August last; the trade soon began to assume important dimensions, and it is now fairly developed over the whole of the British Isles. A first consignment has lately been shipped to the United States, and an opportunity for testing the virtues of this remarkable agent is now afforded our medical and sanitary men and pharmacutists.

The chief merits of chloralum consist in its being without smell, and as harmless a chloride as the chloride of sodium, or common salt. Its power of preserving organic substances partakes of the power due to its aluminous base and chlorine. A solution of one part of chloralum to twenty or thirty of water, preserves fish and flesh, which may be suspended in the air to dry as if treated with carbolic acid, and may be cooked and eaten whenever desired. A small quantity added to milk prevents its decompo-



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sition, and the beer botlers are using it in dilute solutions as a substitute for bisulphite of lime. It removes the mouldy odor of musty casks, and may serve a thousand and more purposes in the arts and manufactures than have yet been determined.

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Professor Gamgee, who is said to have devoted his whole life to contagious disease prevention, has aimed at introducing chloralum as a disinfectant. For this purpose it can be used like carbolic acid or a solution of chloride of zinc. It is not volatile, but by means of a good spray-producer may be made to purify the atmosphere of confined apartments. It attracts to itself all moisture, and the moist particles enclosing or embodying the fever-germs are absorbed, if a cloth damped with it be suspended in the sick room. Mr. CAMPELL DE MORGAN, of the Middlesex Hospital, London, uses this solution in the antiseptic treatment of wounds; Mr. EDWARD LUND, of the Royal Infirmary, Manchester, has employed it to remove the fœter of open cancer; Mr. SQUIRE, a Licentiate of the Royal College of Physicians of London, has used it in whooping cough, diphtheria, scarlatina, and in diseases of the sexual organs. As a lotion in discharges, as a collyrium in eye-diseases, and especially in contagious ophthalmia, and as an astringent in diarrhœa, it has been found of immense advantage.

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American physicians and surgeons will not be slow to discover the virtues of this new compound. All they want is a supply of the pure article, and a statement of its strength and properties. We therefore subjoin a table calculated to facilitate the prescribing and dispensing:

#### SOLUTION OF CHLORALUM.

A solution of 1,150 specific gravity at 60° Fahr. contains 1,500 grains of anhydrous chloride of aluminium in a pint of the liquid. Therefore,

		Grns. of Chloralum per pint.	
One volume of this liquid mixed with			
0 volumes of water has a sp. gr.	1,150, and contains	1,500	
$\frac{1}{2}$ "	"	1,100, "	1,000
$\frac{2}{3}$ "	"	1,050, "	500
$\frac{3}{4}$ "	"	1,040, "	400
$\frac{4}{5}$ "	"	1,030, "	300
$\frac{6}{7}$ "	"	1,020, "	200
$\frac{14}{15}$ "	"	1,010, "	100
$\frac{29}{30}$ "	"	1,005, "	50

In addition to a solution of the chloride of aluminium, a chloralum powder has been produced containing 30 per cent. of the salt. This powder will doubtless supercede the carbolic acid and other powders which are so offensive.

Chloralum solution and chloralum powder are the best antiseptics to be used about slaughter-houses, stables and cow-sheds. Used on roads they prevent dust, and in winter they act more powerfully than common salt in preventing the continuance of snow. They can be used in spittoons, in bed-chambers, in the wards of hospitals—indeed, everywhere, without

giving inconvenience, owing to their odorless character.

A styptic and antiseptic dressing for surgical purposes, and an admirable filtering agent for the purification of air, has been made for the Chloralum Company by the London Cotton Mills. They make chloralum wool and wadding, which, applied to bleeding wounds, arrests hemorrhage, or to suppurating wounds, arrests the discharge, and in a variety of other ways may be employed on or around the sick with marked advantage.

#### The Therapeutical Value of Veratrum Viride.

Dr. W. W. DOUGHERTY writes to the *American Practitioner*: Notwithstanding all that has been written on the subject, I doubt if veratrum viride is duly appreciated by the profession as a remedy in diseases of the circulatory and nervous systems. My experience with it embraces a period of fifteen years; and I am able to state, as the result of my practice, that I have found its action in such affections prompt, certain, and satisfactory. All practitioners must often have felt the want of a remedy in fever and inflammatory affections capable, without danger to the patient, of reducing the force of the pulse, and so of checking the progress of the disease. This we possess, I believe, in the article under consideration, and as evidence I submit the following cases:

M. M., thirty-five years old, stout and healthy, was seized with severe chills, general soreness, pain in the right side; high fever; pulse 125; respirations 30; cough and dyspnoea. He was cupped, and had a purgative of fifteen grains of calomel and twelve of rhubarb, and after its operation, tincture of veratrum, five drops every three hours. After three doses there was nausea and marked reduction of pulse, and the tincture was continued in doses of three drops every two hours. This was kept up for twelve hours, when the pulse, having declined to 80, with an abatement of all the symptoms, it was discontinued. I am sure I never saw a more violent attack of pneumonia, and yet in four days the patient was walking about his chamber.

Mrs. J. H., nine days after the birth of her first child, was taken with severe pain in the hypogastrium; intense headache, and fever. I found her with a pulse of 140. She took a gentle purgative, and after its operation five drops of the tincture of veratrum every four hours for three days, when the symptoms gave way. Some tenderness over the uterus remaining, she took the tincture at longer intervals for five days, when she was relieved.

Mrs. G., six weeks after her confinement, was threatened with mammary abscess. The mamma was enormously swollen, and very tender to the touch. Suppuration seemed imminent; but by the

persistent use of the veratrum inflammation was checked, and the tumor subsided without the formation of matter.

I might report many cases of pneumonia, with symptoms well marked, in which the veratrum clearly arrested the disease; cases which, under the treatment of the times, would probably have run a course of many days. I have also seen it check inflammation in puerperal fever; and in erysipelas and scarlet fever it exerts a happy influence in moderating the heat by reducing the power of the circulation. And, what may seem a contradiction, it has proved beneficial in cases attended by debility of the heart, induced by a very frequent pulse. In this condition of things it moderates the frequency of the pulse and increases its volume, and has proved an efficient agent in cases of palpitation of the heart.

I have thus briefly stated my experience with a remedy, the full potency of which, I am persuaded, is not yet generally recognized by practitioners. In fact I know that many physicians are still timid about administering it. Its action is certainly in some cases so decided as to cause anxiety; but the danger is rather apparent than real, and the alarming depression soon passes off, either by the natural force of the system or under the action of stimulants. While it is an agent of decided powers, I am thoroughly convinced that it is one which may be used with perfect safety; and as a remedy for reducing fever it is unquestionably much preferable to the lancet and tartar-emetic, at one time so much resorted to for the attainment of that end.

#### Intoxication by Fungi.

In KENNAN's interesting "Tent Life in Siberia," there occurs the following passage: After due conclusion of the ceremony (a Korak marriage) we removed to an adjacent tent, and were surprised, as we came out into the open air, to see three or four Koraks shouting and reeling about in an advanced stage of intoxication—celebrating, I suppose, the happy event which had just transpired. I knew that there was not a drop of alcoholic liquor in all Northern Kamtchatka, nor, so far as I knew, anything from which it could be made; and it was a mystery to me how they had succeeded in becoming so suddenly, thoroughly, hopelessly and undeniably drunk. Even Ross Browne's beloved Washoe, with its "howling wildness" saloons, could not have turned out more creditable specimens of intoxicated humanity than those before us. The exciting agent, whatever it might be, was certainly as quick in its operation, and as effective in its results, as any "tangle-foot" or "bottled lightning" known to modern civilization. Upon inquiry, we learned, to our astonishment, that they had been eating a species

of the plant vulgarly known as toadstool. There is a peculiar fungus of this class in Siberia known to the natives as "muk a moor," and as it possesses active intoxicating properties, it is used as a stimulant by nearly all the Siberian tribes. Taken in large quantities, it is a violent narcotic poison; but in small doses it produces all the effects of alcoholic liquor. Its habitual use, however, completely shatters the nervous system, and its sale by Russian traders to the natives has consequently been made a penal offense by Russian law. In spite of all prohibitions, the trade is still carried on, and there were twenty dollars' worth of furs bought with a single fungus.

#### Friendly Visits.

Mr. Liston was once asked by a patient to take part in a hunting excursion with the hounds in a northern county: he complied. His opinion was asked in regard to a certain case: he advised amputation of a limb, performed amputation in his usual masterly manner, and—was reminded, when he claimed his fee, he was regarded "merely as a friend." Liston said to us, "I never again accept an invitation to be mounted 'as a friend.'" Radcliffe tells us that on one occasion a miserly old merchant attempted to steal his opinion with regard to his own case. "What shall I do?" said the patient to him. "Why, sir, I should advise you to take advice"—a very proper response to the would-be-pauper patient. The lawyers are shrewder than we are in these matters. Mr. Fazarkley was once asked by one of his hunting friends what he would do under certain circumstances. "I think," said he to the inquiry, "I should defend the action." The action was defended, and defendant mulcted in damages and costs. "I lost my cause," said his hunting friend to Mr. Fazarkley, "by acting upon your opinion." "I don't recollect it," said Fazarkley. The vanquished defendant thereupon replied, "You gave me that opinion when we were riding together to meet the Pytchley hounds." "Oh!" said Fazarkley, "that was my *traveling*, not my *professional* opinion." It is scarcely necessary, we think, to draw a moral from these facts.

#### Turpentine and Phosphorous.

MM. HÖHLER and SCHIMPF have reported in the *Berliner Med. Wochenschrift* that they have repeated the experiments of Personne with the following results: Commercial oil of turpentine is a good antidote to poisoning by phosphorus. There is no fatty degeneration of the tissues, nor is there any free phosphorus found in the system of the animals experimented on. Phosphorus and turpentine oil form in the stomach a compound resembling spermaceti, which is readily excreted.

## Medical Students of Both Sexes.

A writer in the British Medical Journal says:

It is a familiar and fundamental truth of psychology, that a man may regard objects and situations at one moment in what may be called an emotional mood, while at another time he may look at them from a purely intellectual or scientific stand-point. In the former case he excludes from his view no detail of the situation that can minister to his feelings; in the latter temper, he is entirely absorbed with the matter-of-fact aspect of what is before him. Even a confirmed botanist, albeit unused to the melting mood, may now and again be found to look at, say a primrose, in its poetical associations, after the manner of Wordsworth, and to forget for the moment that the plant before him affords a good illustration of suppressed whorl or what not. We have, indeed, heard of a celebrated anatomist of Stockholm who was so entirely an anatomist that, even in a drawing room, the head and neck presented itself to him in an anatomical light, and so betrayed him into habits which would otherwise have been considered rude. Exceptions apart, however, this duality of stand-point is an elementary fact of our constitution. The professional life of a man, as distinguished from his social and domestic life, is to a great extent built upon this mental acquirement; and no profession affords a better illustration of the sort of dual existence of which I speak than the profession of medicine. And, if I may so say, it is a fortunate thing for us that we possess this faculty, itself a product of an advanced civilization. If a dissector of the human body were to pursue his task without, as it were, putting all his ordinary human feelings in his pocket, wherein would he differ from the being who but gratifies his palate with the same material? It must seem that this is to inquire too curiously; but, on the other hand, we think it may serve a good purpose to keep in view the psychological rationale of those details of our art which the outside public agree to consider revolting. Of course it is plain to every one that the dissector considers what he is engaged on merely as "a part"; and the physician and clinical teacher, when he studies or expounds the medical bearings of his patient's disease, considers it merely as "a case." But these words all the while represent very elaborate abstractions, and they indicate a highly developed abstractive faculty.

Till very recently, the male sex alone was credited with the power of using on occasion its senses dispassionately and in the interests of science; and even yet, for all practical purposes, the female mind is regarded as wanting in the faculty of scientific abstraction, and is spoken of as likely always to be hopelessly entangled in the feelings that arise out of any situation. If this were without exception true,

I should despair of medicine as a profession for women. In the first place, during the period of education, their ever present feelings would be harrowed beyond all bearing; and, in actual practice, their energies would be paralyzed on every hand. But once admit, what is really beyond controversy, that women also, no less than men, can use their eyes with a difference when occasion serves, and can be as absorbed in the pathological and therapeutic aspects of a case as the veriest pedant of us all, then their claim to coöperate with us is made good. It is a simple application of the doctrine of correlated forces, that such a woman cannot at the same moment experience the rush of feelings that might otherwise have arisen. In this second half of her dual mind, no reflex feeling of shame or blush of modesty is possible. Such feelings do not pertain to the scientific attitude of mind; they cannot be predicated of it, any more than one might say that a circle could take on the properties of a square. A scientific woman is as likely to turn blind in the eyes as red in the face at what comes before her in the way of study. I fear it will take nothing short of a surgical operation to get into the heads of some of our professional brethren in Edinburgh that the ladies who have been knocking for admittance at their gates are endowed, no less than themselves or their male pupils, with the faculty of assuming on occasion a scientific habit of mind. If aptitude mean anything at all in the case of those ladies, it means that they find themselves able so to study the plan and diseases of the body as to banish from their view all aspects but the scientific and the humanitarian, and at the same time so to preserve their native wealth of feeling as to be no less pure, generous, and humane than their compeers of the other sex who have submitted themselves to the same conditions. This was some time a paradox, but now the time gives it proof.

## A New Operation for Entropion.

JAMES MCCRAITH, F. R. C. S., Surgeon to the British Hospital, Smyrna, writes to the *Medical Times and Gazette*:

Some years since, in conjunction with the late Dr. Wood, of this city, I took great interest in diseases of the eye, and this disease, in its various degrees, is very common here, and everywhere else; we performed together all the operations mentioned or recommended by ophthalmic surgeons in such cases. First, the removal of a horizontal fold of skin, calculated according to the extent of the disease and quantity of skin existing in each case. This procedure I found was more effectual when the fold was removed as close as possible to the diseased margin of the lid, and, at the same time, the muscle was removed to the same extent, so as to expose the cartilage; and in the place of stitching

the parts together, as recommended by authors—on the contrary, we prevented such union by the application of cupri sulphas, making the parts heal slowly, so that the lower border, or tarsal border of the wound was slightly turned up in the process, in order to meet the upper edge of the wound.

This modification gave occasionally good results, but was uncertain, and, on the whole, unsatisfactory, and was a painful operation.

Secondly, in cases of complete inversion of the whole range of lashes, we divided vertically, at inner and outer canthus, the tarsal cartilage in its whole extent (avoiding, of course, the puncture at inner canthus), and then passing a ligature at inner and outer angles, we turned up the entire cartilage, fixing it by strips of adhesive plaster on the forehead, as recommended by the Dublin Surgeon. This occasionally had a greater or less success, but on the whole was not satisfactory. When combining it with the first described operation, the result was more satisfactory—the operation more painful, of course. This also uncertain and unsatisfactory.

Thirdly, we have attempted, by laying bare the cartilage, to slice away with a very sharp knife the bulbs of the cilia lying imbedded in the cartilage. This is a difficult proceeding, and cannot be easily done effectually—leaving a deformity even if successful, which was rarely the case. Fourthly, when two or three only of the lashes were turned in, we removed a triangular or quadrangular piece of the cartilage, sufficiently deep to include the bulbs and offending lashes. As it is really the cartilage which is in fault, this was effectual; but, on healing of the wound, the neighboring lashes occasionally took a wrong direction, and gave trouble. Still this generally is a useful proceeding.

The preceding was pretty much my practice and experience in these troublesome cases, when, a few months since, a young Turk (æt. about 24) presented himself with complete entropium of the left eye. The entire row of cilia were regularly all turned in, and swept the eye. He was a soldier, but discharged on account of the state of his eye. It was the result of purulent or muco-purulent ophthalmia, which existed in a chronic state for more than a year. Here some effectual measures were necessary, as otherwise the ultimate loss of the eye was certain. Upon turning up the lid, the cicatrix (result of muco purulent ophthalmia and granular lid) was apparent, running along the entire extent of cartilage, parallel to border, and about a line and a half distant from it. For this state of affairs I had no confidence in any of the usual operations as described above. Upon considering the case, it occurred to me that the cartilage, being the seat of the cause, must be the part treated. I saw also that the incisions of this part as usually practiced were on a wrong principle. The vertical incisions

must leave the contraction in each section or part just as I found such contraction; whereas, if an incision were made parallel to the border, and between the latter and the cicatrix, the border must by such incision be freed, and will naturally resume its normal direction. Upon explaining this view to my son, Dr. J. P. McCraith, he agreed in it; and in the present case, where all the row of lashes were turned in, sweeping the eye, appeared very suitable for the new procedure, I put it in practice. Turning up the lid, I made a horizontal incision parallel to the border, and about on a level with the seat of the bulbs, including the whole extent, or very nearly, from one canthus to another, avoiding the duct at inner canthus; and, making another incision parallel to the first, I removed a narrow strip of the cartilage, less than the twelfth of an inch in breadth. The result was most promising; the border of the lid and the row of cilia immediately resumed their natural direction. I was quite pleased with the immediate result; none of the many hundreds of operations I had performed myself or seen performed by others were so satisfactory. The ultimate result also was perfect; and as the gap made is never repaired by cartilage, but by a membrane which would leave the border of the lid free, I expect that the result will continue perfect. I have succeeded by the old operations in relieving patients for a year or more, and yet eventually the result was unsatisfactory. I very much wish that the present operation, which I believe to be quite a new one, may be taken up by some one with an extensive ophthalmic practice, who may approve of it, and so put it to the test of experience. Judging from this single case in my hands, it promises much.

#### Climate of Guatemala.

At the Royal Medical Chirurgical Society, London, a paper by JAMES WYNNE, M. D., Guatemala, was read "On Central America as a Residence for Consumptive Patients." The object of this paper was to draw attention to the elevated table-lands of the Pacific slope of tropical America, and especially of Guatemala, a city situated 5,000 feet above the sea, in lat. 14° 37' 32" N., having a mean temperature of 66° Fahr. The climate is that of perpetual spring; the air is tonic and invigorating, yet not too stimulating. Consumption is very rarely met with, and phthisical patients coming from a distance, if able to lead an open-air life, make remarkable progress. Twelve cases are recorded. Of these four died, five recovered, and three remained under observation. Of the fatal cases all but one were seen for the first time when the disease had reached a hopeless stage. It is suggested that the value of the Central American plateau in phthisis should be tested by sending out twenty patients in an early stage of the disease for a few years, or better, for permanent residence.



## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 6, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, Sewa, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE SEWAGE OF CITIES.

Not long since we called attention to the important problem of sanitary science presented by the disposal of sewage of cities. In England this has lately excited much study, and some unexpected results have been attained.

It is clear that it will not improve the health of the rural districts to have too much of this offensive matter scattered on the soil as a fertilizer—the only useful application it has. In some discussions of the question in the *London Medical Times and Gazette*, and other English sources, we find the views of several medical authorities on the point.

It will be evident that Dr. CARPENTER demands a certain limitation of quantity as the element of safety, and states that one acre is capable of receiving and disposing of the sewage of 100 persons. But it is certain from our knowledge of human nature that where the prime object is, not to utilize the sewage as manure, but to get rid of it, there will be a constant tendency to overdo the application. This was alleged unmistakably by Dr. LETHEBY, at a late discussion of the Association of Medical Officers of Health, to be the case at Aldershot, where it is said that so great is the excess of undecomposed sewage applied to a limited tract of land, that not only does a large quantity of fresh faecal matter rest on the surface, where it cakes and hardens, rendering it incapable of absorbing the liquid, but that large quantities pass from time to time into the Blackwater, which is thus converted into a stinking ditch.

Let us, however, grant that the ground for

irrigation is properly leveled, channeled, and, if need be, drained, so that the sewage shall flow over or through the surface; that there shall be no stagnation, no putrid swamp, no taint of the air, and no contamination of wells below or of streams on the surface of the earth. We are then sharply pulled up by Dr. COBBOLD, who lays before us the danger of the dissemination of parasitic diseases, and especially of trichinosis, tape-worm, and of the so-called hydatids. We know that in countries where pigs have access to human excrement, the measles is common; the tapeworm may become so in our grass-fed cattle, and a new cohort of diseases be thus propagated. On this point, Dr. Carpenter, Mr. Holland, and other advocates of irrigation by fresh sewage, simply defy their antagonists; they deny the propagation of parasitic diseases, and call for proof. Dr. Cobbold, on the other hand, refuses to go *coram non judice*; he will not accept the negative testimony of butchers, or even of medical men, who do not know what to look for in the flesh of parasite-infected animals, and would not recognize it if they saw it.

These important questions are of the most vital interest to the health of both city and country, and should be carefully investigated. We look with curiosity for their decision.

## Notes and Comments.

## Gastric Juice in Cancer.

Dr. D'ARPEM, practicing in the island of Elba, has published in the *Imparziale* of Florence (March 1st, 1871,) a case illustrating the alleged marvelous effects of this juice in cancer. The patient is a married woman, set. thirty-eight, who suffered, according to the author's diagnosis, from carcinomatous ulceration of the rectum and cervix uteri. After having controlled the uterine hemorrhage with perchloride of iron, Dr. D'Arpem was in doubt as to the treatment of the malignant ulceration, when he heard the views of Professor SCHIFF on the subject. The latter had for some time advocated the use of gastric and pancreatic juice in cancer. Being applied to, the professor furnished the author with artificial gastric juice, and advised injections into the rectum of about seven fluid drachms of the juice daily. Much pain was experienced from the first injection, but this was lessened by the use of some almond oil. The seven drachms were now divided into three parts, injected separately three times a day. This was continued for twenty days,

when considerable improvement had taken place, both as regards the rectum and the womb. The patient was now so well as to be able to perform a journey with her husband, and on her return the cicatrization of the ulcer was complete. She had continued the enemata at long intervals during her absence, and she now presented all the outward signs of health. Such are the facts related by the author. If the diagnosis were perfectly reliable we might harbor the hope that the specific for cancer has been found. But the case is isolated, and does not present the proper guarantees as to diagnosis. Nor is it likely that numerous trials will be made in the same direction.

#### The Health of Paris During the Siege.

M. DECAISNE read a short sketch before the Academy of Sciences of Paris on February 27th last, preliminary to a memoir, on this subject. The author examined rapidly to what extent the following six affections increased during the siege—viz., small-pox, typhoid fever, bronchitis, pneumonia, diarrhoea and dysentery. From the 4th to the 10th of September, 1870, there were 116 deaths from small-pox, this being a great decrease on the preceding weeks. Now the retreating armies and the new recruits entered Paris; thereupon the mortality increased and reached on the 1st of January, 1871, 431 deaths in a week. These figures have considerably diminished since. As to typhoid fever, the weekly mortality on the 10th of September, 1870, was 30; from the 11th to the 16th of February, 1871, it rose to 298, whilst there had been only 19 deaths for the corresponding week of 1870. The causes are easily found in the privations and fatigues of the young soldiers. The difference, though great, is not so striking for bronchitis and pneumonia; but with regard to diarrhoea, it should be noted that the weekly return of mortality on the 10th of September, 1870, was 25; whilst from the 1st to the 6th of January, 1871, it rose to 151. The increase respecting dysentery is not quite so marked; but, nevertheless, for the periods just mentioned it ascended from 8 to 51. As to the general mortality, the effects of the siege were quite disastrous, for M. Decaisne finds that, from the 4th to the 10th of September, 1870, the total number of deaths was 981; whilst from the 11th to the 17th of February, 1871, it rose to 4,102. The author points out the causes of this sad state of things, and dwells principally on bad food, anxiety, fatigue and a severe winter.

#### The Miasmata of Marshy Districts.

An interesting controversy is at present going on in Italy between Dr. FATTORINI and the well-known Dr. PANTALEONI, of Rome. The latter stated broadly, at the Congress of Florence in 1869, that the most

efficient manner of rendering marsh land healthy is to allow a large population to inhabit it. He gave as an example a portion of central France called Sologne, which formerly was very deadly, owing to marsh miasmata, and which now, being densely populated, has become a very healthy district. These opinions were repeated and dilated upon by the same author in the Italian journal *La Sperimentale* (Sept., Oct., and Nov., 1870). Dr. Fattorini retorts, however, that draining is the principal means of lessening the unhealthiness of such districts; and that the natural consequences of Dr. Pantaleoni's tenets would be that people should be thrust into unhealthy localities to diminish the amount of miasmata. Marshes, we may remark, must disappear with an increase of population, for the necessity of draining becomes unavoidable; and this is the manner in which the Roman physician would probably have his views regarded.—*Lancet*.

## Correspondence.

### DOMESTIC.

#### Abdominal Wounds.

##### EDS. MED. AND SURG. REPORTER :

I was summoned, Sept. 6th, 1870, to visit John Reed, who lives five miles from my office. Messenger stated that he had received a stab in the abdomen, from which the bowels were protruding. Lost no time in reaching him, and found a neighboring M. D. anxiously awaiting my arrival. Proceeded at once to examine patient, and found him suffering from penetrating wound rather below the umbilicus, and two and one-half inches to the left of median line; wound nearly two inches in length, horizontal. About six inches lower border omentum protruding; very little hemorrhage, cold, clammy perspiration, feeble pulse, with severe pain. Administered two ounces whisky, with half grain morphia. By careful manipulation succeeded in returning membrane, without the use of anæsthetics. Closed the wound with three sutures and adhesive straps. Applied cold water, compress and bandage. Left patient comfortable. Saw him again on third day; wound united by first intention; removed sutures, but reapplied compress and bandage as before. He recovered very rapidly without further medication than dose already mentioned, and to-day is as well as ever before. Do not claim any particular merit in treatment of the case, but learn from it and other cases lately recorded, that wounds of peritoneum are not nearly so formidable as modern surgery would have us country doctors believe.

WM. DILLON, M. D.

Payson, Illa., Feb., 1871.

### Remarkable Case of Monstrosity.

EDS. MED. AND SURG. REPORTER:

On the 16th inst., near this place, the wife of Rev. O., a native of Lancaster county, Pa., of German descent, æt. 45 years, of an excitable, nervous temperament, gave birth to a still-born fetus at full term, weighing 6 pounds, presenting extraordinary vice of conformation and preternatural perversion of some of its parts, with excess and imperfect development of others. The following parts are wanting: the brain, frontal bone, os-occipitus, sternum, malar bones and nose. The abdominal viscera are external, instead of being in their natural cavity. The genital organs are imperfectly developed.

There is, apparently, a scrotum and the rudiments of a penis. The most remarkable phenomena present themselves in the face. There is but one eye, which occupies the position of the nose, and on either side, in the usual place, are the supercilia. Immediately above this eye something projects an inch and a half closely resembling a penis. The mouth, superior and inferior maxillary bones are present. There are supernumerary toes—there being six toes on either foot. This was the 9th pregnancy. All of her children were well formed except the eighth, which Dr. E. A. Hering, her then attending accoucher, informs me, "was still-born, and showed an absence of the calvaria, the eyes extremely large and protruding, resembling very much those of a frog, and giving the face a most revolting appearance." The eighth and youngest living child has a superficial nevus maternus on the posterior cervical region very much resembling a toad. Upon inquiry if the mother attributed these phenomena to any impression upon her mind whilst pregnant, she replied that a colored woman, with large protruding eyes and singular expression, suddenly approached her whilst in her ninth pregnancy, giving her a fright, to which cause she attributed this malformation of the fetus. Whilst in her eighth pregnancy she walked into the orchard and a toad jumped up before her, startling her, to which cause she attributes the nevus on the neck. She can assign no reason for this singular deformity of her ninth child, unless it may have occurred from a blow she received on her head, which was quite a shock to her nervous system.

She is a Christian lady, large and well developed, as is also her husband. Her general health has not been good for years, suffering more or less with neuralgia of the head, which compels her to keep it constantly covered, as the least puff of air or change of temperature brings on these paroxysms of pain. Prof. DUNGLISON says: "Amongst the numerous hypotheses entertained on the origin or cause of these monstrosities, three only are worth mentioning. They have been attributed 1st, to the influence of the maternal imagination on the fetus in

utero; 2d, to accidental changes experienced by the fetus at some period of its uterine existence; and 3d, to a primitive defect in the germs."

J. N. SNIVELY, M. D.

Waynesboro, Pa., April 18, 1871.

### Contagion of Scarlatina.

EDS. MED. AND SURG. REPORTER:

Touching the contagiousness or otherwise of scarlatina, which I observe is exciting some interest among the writers for THE REPORTER, I would add the item which, in my estimation, goes far toward sustaining the affirmation of this question.

In 1858 or '59 I was in attendance on two families at the same time, in the north-western section of the City of Philadelphia, in one of which there were four patients and two in the other. In the former the disease was of the most malignant type, two of the four children perishing within the first day or two, while the two patients in the second family duly recovered.

But the point is that in a few days I was attacked with the disease, and it ran its ordinary course—my person being covered from head to foot with the eruption, with skin about the color of a boiled lobster. The thick skin of hands and feet peeled off in long shreds, and I shall never forget the peculiar sensation imparted to the nerve radicals or extremities by this exposure. Each hair seemed suddenly to have attained thrice its normal diameter, while the beard felt like a huge brush pile.

Having somewhat outlived that period of life for which measles, whooping cough, etc., are supposed to have an especial affinity, being about 36 years of age, the attack cannot fairly be credited to the account of juvenility.

Although I have seen much of the disease since as I had prior to the personal experience noted, I have nothing to add pro or con beyond what is known to every practitioner, and submit the above to your readers without note or comment.

M. D.

Brooklyn, N. Y., April 9, 1871.

## NEWS AND MISCELLANY.

### Cumberland Co., N. J., Medical Society.

The annual meeting of the Cumberland County Medical Society was held in Bridgeton, on Tuesday, the 11th inst. This society, now venerable in years, was first organized in 1818, and has always embraced the most reliable physicians of our county.

The society, through a committee, have just completed a history of "Medicine and Medical Men of the County." This will be an addition to the com-

paratively few historical facts that have been recently gathered from what has been, in our section and county, a dark night of the past.

It is the expectation of the society to have the whole preserved by publication.

#### Platte County (Mo.) Medical Society.

There was an interesting and well attended meeting of the Platte County Medical Society, at Platte City, on Monday, April 3d. Dr. McDONALD, the old President, called the meeting to order. In the absence of the former Secretary, on motion of Dr. JOHNSON, Dr. BROCK was elected Secretary *pro tem.*, and the reorganization of the society began. Dr. McDonald, in surrendering the chair to the President elect, Dr. JOHNSON, delivered a valedictory. Subject: "The Code of Medical Ethics." He called the attention of the meeting to this important subject in a very earnest and enthusiastic manner. He spoke of the duties of patients to their physicians, of physicians to their patients and to each other, of the impracticability of a man being a physician in the true sense of the term unless he be at the same time a gentleman. Dr. JOHNSON, on taking the chair, made a few appropriate remarks. The society then adjourned.

#### Medical Society of New Jersey.

The one hundred and fifth annual meeting of the Medical Society of New Jersey will be held at Flemington on the 23d day of May, 1871, at 7 1/2 o'clock, P. M., and will continue in session the following day.

WM. PIERSON, JR.,  
Rec. Secy.

Orange, April 25, 1871.

THE cattle plague is making fearful havoc in the neighborhood of Lille.

#### QUERIES AND REPLIES.

##### Dr. Ahl's Splints.

Dr. G. W. G., of Ohio.—In reply to your inquiry we unhesitatingly recommend Dr. AHL's porous-felt splints as undoubtedly the best in the market, and superior to the plaster of Paris or the starch bandage splints. We speak from personal knowledge of their merits, as well as from the recommendations of the best surgeons. You can get a set of fifty-two pieces, adapted to children and adults, by sending thirty dollars to John G. Scott & Co., 115 South Seventh street, Philadelphia.

##### Oxygen Gas Bag.

H.—An oxygen gas bag 30x40 inches costs \$16.00; 24x30 inches, \$13.00; smaller ones, \$5.00 to \$10.00; the best electric battery, \$20.00.

##### Paralysis.

Counsel in the following case is respectfully solicited: A child about two years of age was suddenly attacked last November with paralysis of the entire right leg and thigh, but by the persevering and vigorous use of remedies had so far recovered about the 15th of January as to be able to walk. Unfortunately the paralysis has caused a serious deformity, viz.: version of the limb, and of course the child walks with the foot turned outward. Now, I wish to know if any orthopedic apparatus can be constructed that will restore the symmetry of the limb or be of any essential advantage to it? Very respectfully your ob't servant,  
J. T. P.

##### Talipes Varus.

MENRS. EDITORS.—I have a case, child ten days old, talipes varus. Would you recommend an operation at this age? If so, what apparatus is best to apply after the operation? What do you think of Dr. BOARMAN's apparatus (Erichsen's surgery) to be applied without operating?  
Yours truly,  
G. Q.

##### Sciatica.

What is the best treatment in a case of old standing chronic sciatica?  
A. C. M.

#### OBITUARY.

##### DEATH OF BECQUEREL.

Paris papers announce the death of ANTOINE CESAR BECQUEREL, the celebrated electrician. He died in Normandy, while the siege of Paris was progressing, and very likely the sad event was hastened by the fatigue of his hasty flight from the capital. As nearly all of the members of the French Academy of Sciences remained at their posts to assist the Committee of Defense, the departure of the Becquerels, father and son, was much criticized; but the advanced age of the senior afforded a good excuse for the step he decided to take.

Becquerel was born March 8, 1788, and at the time of his death was, therefore, in his 84th year. He was three years older than Faraday, and during his long life had been a contributor to the same department of knowledge as the great English philosopher, whose death we had occasion to announce in 1867. Between the years 1834 and 1840 he published his great treatise on electricity and magnetism, in seven large octavo volumes. This was followed by "Physics in its Relations to Chemistry," in two volumes; and the number of his contributions to the proceedings of the Academy, and to the journals of science, has been very great. He was one of the most prolific of French writers, and retained a remarkable vigor of intellect to the last. His son, Alexander Edmond Becquerel, born in Paris in 1824, is a worthy representative of the father, and is the author of many investigations on electricity and magnetism. The similarity of the name has led to much confusion, and much of the younger Becquerel's work has been credited to the father. Another son, Alfred, is an eminent physician, and the author of valuable papers in his department of science.—*Scientific American.*

#### MARRIED.

HIBBERD—LAWS.—At Richmond, Ind., at the residence of the bride's mother, 4th month, 20th, Dr. James F. Hibberd and Lizzie M. Laws, by Friends' ceremony, in the presence of Sarah A. E. Hutton and others.

MERWIN—BILLINGS.—At Indianapolis, April 16, by the Rev. Jos. L. Bennett, at his residence, Dentin Merwin, M. D., and Mrs. Hannah Billings.

MONTGOMERY—MCKEEHAN.—In Washington, D. C., April 12th, by the Rev. John Chester, D. D., Dr. James Montgomery and Miss Deborah McKeehan, both of Newville, Cumberland county, Pa.

POWELL—DAVIDSON.—April 18th, near Jefferson City, Dr. A. M. Powell, of Collinsville, Ill., and Miss Louisa H., daughter of Dr. W. A. Davidson, of Jefferson City, Mo.

#### DIED.

KELLER.—In Chester, Illinois, on February 23d, Hattie T., wife of Dr. J. C. Keller, in the 27th year of her age.

LADD.—In San Rafael, Cal., Feb. 28, J. Wesley Ladd, formerly of New Hampshire, and son of Dr. N. G. and A. K. Ladd.

MCCLOY.—In Venice, Washington county, Pa., on February 15th, Mrs. Mary McCloy, wife of Dr. Alexander McCloy, in the 70th year of her age.

MILLER.—In Cincinnati, April 19th, of consumption Virginia Broadus, wife of Dr. D. B. Miller, aged 57 years, 11 months and 28 days.

OVERTON.—At the residence of Mrs. Peck, No. Vauxhall street, Nashville, April 20th, Mrs. Dr. James Overton, in the 66th year of her age.

RUMSEY.—April 23d, near Wilmington, Del., William Rumsey, M. D., in the 79th year of his age.

VAN METER.—In Salem, N. J., on March 16th, Hannah F., wife of Dr. Thomas J. Van Meter, in the 74th year of her age.

WILSON.—In this city, April 23d, John C. Wilson, M. D., son of the late Alexander Wilson, M. D.